p.2

REPORT OF RECEIPTS AND EXPENDITURES		(CFA-4	
OF A POLITICAL COMMITTEE		Summary \$	heet
State Form 4606 (R 13/11-05)		· ·	
Indiana Election commission (IC 3-9-6-14)		FILE NUMBE	·
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5300	
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information	TOTAL	PAGES N ENTIRE	FA 4 REPORT
on this form. For assistance in completing this form, see instructions on the		3	
IS THIS AN AMENDMENT? X Yes No		· · · · · · · · · · · · · · · · · · ·	
IS THIS AN AMENDMENT? X Yes No			
			12.1
1. Full name of committee (as on Statement of Organization) Check if this is a new name			
Friends of Kathryn Densborn	3. Committee telephone		
2. Acronym or abbraviated name, if any	(317) 257-2352	. Herriner	
4. Mailing address (address where all campaign finance correspondence is Chec			
	k if this is a new address		
7649 Washington Blvd 5. City, state, ZIP code	6. Party affiliation (if app	licable)	
Indianapolis IN 46240	Republican		
CANDIDATE INFORMATION (For Candidate's			
7. Full name of candidate (include any nickname)	8. Party affiliation or if in	ndependent	
Kathryn Anne Densborn	Republican	·	
9. Office sought (include district number, if any. Not required for exploratory	10. County of residence)	
State Representative District: 85	Marlon		7
TYPE OF REPORT	C(DNYENTION: CANDIC	ATES ONLY
11.	<u> </u>	12. Check one:	
PrePrimary		Pre-Com	
		Post-Cor	
12. Reporting period:		COLUMN A This Period	COLUMN B Year to Date
From: 01/01/2006 Through: 04/07/2006		<u></u>	real to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.00	0.00
14. Cash on hand and Investments January 1, current year. CONTRIBUTIONS AND RECEIPTS		10 1 10 10 W	22 100 200
(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)		3	
15a. Itemized (use Schedule A)		35,708.57	35,708.5
15b. Unitemized	}	0.00	0.0
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	35,708.57	35,708.5
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	35,708.57	35,708.5
EXPENDITURES		7	
(Note: These amounts include in-kind expenditures and loan repayments.)		7 600 77	7,600.7
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		7,682.77	
17b. Unitemized		0.00	0.0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	7,682,77	7,682.7
18. Cash on hand and investments at close of this reporting period(subtract 17c from 15 in both	columns) TOTAL	28,025.80	28,025.8
19. Debts OWED BY the committee (use Schedule D)		0.00	
20. Debts OWED TO the committee (use Schedule E)		0.00	
		·	
CERTIFICATION		EOR OFF	CE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE	E AND BELIEF IT IS		
TRUE, CORRECT AND COMPLETE.		Filed: Or	i -
	Date	9/7/06 2	:45 pm
Signifure of Treasurer Title Beasurer -	9/7/06		
	- 		1
Signature of Candidate (if applicable)	Date	ا اه. ه	
		0:8 IIN 8-9	200
WARNING: Any information contained in this report may not be copied for sale or used for any o	commercial purpose.		טכ א
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-1- to file a complete or accurate report as required by the Indiana Campaign Finance Law commits	a-7-13) A person who (all) a Class B Misdemeanoc	ברסיינים כדל	H
to 1le a complete or accurate report as required by the indiana Campaign Finance Law Commiss (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)	T COST D INICIONIONION	ON COUNTY CLE	AAM
fra and the day of the state of			



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R 13/11-05) Inclana Election commission (IC 3-9-6-14)

(CFA-4 SCHEDULE B) Itemized Expenditures

p.3

INSTRUCTIONS: Please type or print legibly in BLACK INK at information on this form. For essistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM supposes, are instructions on the reverse scell his schedule is used to document expenditions and 17g of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entires DVER \$100 per recipient, within a calender year NUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including the hind regardless of amount pact to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees). MUST be itemized on this schedule.

FILE NUMBER's	
5300	
Page 1 of 1	

RECIPIENT'S NAME AND MAILING	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE		COLUMN B	DATE OF
ADDRESS (street number, city, state, ZiP code)	OFFICE SOUGHT (if applicable	and PURPOSE (be specific)	AMOUNT THIS PERIOD	YEAR-TO-DATE	[†] EXPENDITURI
Code: Fundraising		In-Kind	752.00	752.00	03/09/2006
Andrew Shiel and Gail Shiel 7701 N. Pennsylvania St. Indianapolis IN 46240		Purpose: Fundraiser			
Code: Advertising		In-Kind	70.38	70.38	03/13/2006
Carolyn Andretti Molander 8450 North Park Avenue Indianapolis IN 46240		Purpose: Thank You Mailing			
Code: Advertising		Direct	1.88	1.88	03/22/2006
Carolyn Andretti Molander 8450 North Park Avenue Indianapolis IN 46240		Purpose: Reimbursement for Purchase of Envelopes			
Code: Operations		Direct	35.10	36.98	03/22/2006
4 Carolyn Andretti Molander 8450 North Park Avenue Indianapolis IN 46240		Purpose: Reimbursement for Purchase of Postage Stamos			
Code: Advertising	Candidate	In-Kind	236.19	236.19	03/03/2006
5 Kathryn Anne Densborn 7649 Washington Blvd. Indianapolis IN 46240		Purpose: Office Supplies			
Code: Advertising	Candidate	In-Kind	25.00	261.19	03/03/2006
6 Kathryn Anne Densborn 7649 Washington Blvd. Indianapolis IN 46240		Purpose: Poster			
Code: Fundraising		In-Kind	2,000.00	2,000.00	03/09/2006
7 Shiel Sexton Company, Inc. 902 N. Capitol Avenue Indianapolis IN 45204		Purpose: Fundraiser			
	SUB TOTAL THIS	PAGE OF SCHEDULE B	ş 3,120.55		
TOTAL OF	ALL PAGES OF SCHEDULE B ON	THE LAST PAGE ONLY a of the Summary Sheet)	\$ 3,120.55		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4506 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK UNK at information on the form. For essistance in completing this schedule, see instructions on the reverse side, List all dates and loans, regardless of the amount OWED BY the committee during the reporting period. Include all amounts ewed for or to lending institutions, individuals, credit purchases, committee direct card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENCORSER'S to lumn. A tender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional

(CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER	
5300	
Page 1 of 1	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAIL ADDRESS pluny ((street hurder, city state 2/P00de)	AMOUNT NATURE OF DEBT	INCURRED	CUMULATIVE PAID YEAR-TO-DATE	BALANCE THIS
1 xpedx Stores Division P.O. Box 18453	xpedx Stores Division P.O. Box 18453 Chicago II. 60618	86.44	04/05/2006	86.44	0.00
Chicago IL 60618 LENDER'S OCCUPATION: Paper and Office Products	Chicago IL 60618	Credit Purchase			
		SUB TOTA	L THIS PAGE C	of schedule D	\$ 0.00
	TOTAL OF A	LL PAGES OF SCHEDUL (Enter total on		AST PAGE ONLY Summary Sheet	(III)



State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

	FILE NUM	BER
	5300	-
TOTAL PA	AGES IN ENTIR	E ÇFA-11 REPORŢ
	1	

Full name of candidate (include any nickname) Kathryn Anne Densborn C	heck is this is a new name	2. Committee (317) 257	telephone number	
Malling address (address where all campaign finance correspondent 7649 Washington Blvd	ca is Check I	s this is a new		
4. City, state, ZIP code Indianapolis IN 46240		5. Party affilia Republica	ition or if independent n Republi	can
6. Office sought (include district number, if any. Not required for explositate Representative District: 86	pretory	7. County of a Marion	residence	<u></u>
8. Reporting period: From: 10/14/2006 Through:	11/05/2006		-	
For classification, enter INDV for individual; PAC for political actionganization; NONE for all entries which are not one of the above		orporation; LA	& for labor	· · · · · · · · · · · · · · · · · · ·
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTR		COLUMN A	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state ZiP code)	OR OTHER RE	CEIFT	AMOUNT OF CONTRIBUTION	RECEIVED BY
Classification: Other	Contribution: Direct		1,000.00	11/04/2006

COMMITTEE INFORMATION

(street, number, city, state ZIP wode)		CONTRIBUTION	RECEIVED BY
Classification: Other 1. Association to Build a Better Indiana P.O. Box 44570 Indianapolis IN 46244	Contribution: Direct Direct	1,000.00	11/04/2006 Carolyn Andretti
Contributor's Occupation (if applicable)			<u></u>
	•		

CERTIFICATION			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLED TRUE, CORRECT AND COMPLETE.	GE AND BELIEF IT I	S	FOR OFFICE USE ONLY Filed: Online
Signature of Treasurer This Molander This Theasurer	Date 11/6/0		11/6/2006 9:26:50PM
Signature of Candidate (if applicable)	Date '	9.1	:8 Hd 9- AON 90
WARNING: Any information contained in this report may not be copied for sale or used for an (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3 to file a complete or accurate report as required by the Indiana Campaign Finance Law comm (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)	-14-1-13) A person w	ho fails	MARION COUNTY OL



State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For essistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER
5300
TOTAL PAGES IN ENTIRE CFA-11 REPORT
2

COMMITTEE INFORMATIO	N
1. Full name of candidate (Include any nickname)	(317) 257-2352
3. Mailing address (address where all campaign finance correspondence is Ch 7649 Washington Blvd	eck is this is a new address
4. City, state, ZIP code Indianapolis IN 46240	5. Party affiliation or if independent Republican Republican
6. Office sought (include district number, if any. Not required for exploratory State Representative District: 86	7. County of residence Marion
8. Reporting period: From: 10/14/2006 Through: 11/05/2006	

For classification, enter INDV for Individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification: Corporation	Contribution: Direct	1,000.00	11/03/2006
1. Citimark Management Co., Inc. 8604 Alisonville Rd. Indianapolls IN 46250	Direct		Carolyn Andretti
Contributor's Occupation (If applicable) Property Management			
Classification: Corporation	Contribution: In-Kind	2,000.00	11/03/2006
2. SPG Graphics, Inc. P.O. Box 6069 - Dept. 98 Indianapolis IN 46206	In-Kind		Carolyn Andretti
Contributor's Occupation (if applicable)			

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, T	O THE BEST OF MY KNOWLEDGE	E AND BELIEF IT IS
RUE, CORRECT AND COMPLETE.		
Carolynaxolette Molarle	Tile	Date 11/5/06
ilignature of Candidate (if applicable)		Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-18, 3-9-4-18.)

FOR OFFICE USE ONLY

Filed: Online

11/5/2006 5:13:22PM 82:11 11d 5= 11011 90

L'ARION COUNTY CLERK





State Form 48492 (R3/11-05) Inclana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER	3.7
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TOTAL PAGES IN ENTIRE CFA-11.	REPORT
1	

COMMITTEE	INFORMATION
Kathryn Anne Densborn	2. Committee telephone number (317) 257-2352
Mailing address (address where all campaign finance correspondence is 7649 Washington Blvd	Check is this is a new address
4. City, state, ZIP code Indianapolis IN 46240	5. Party affiliation or if independent Republican Republican
6. Office sought (include district number, if any. Not required for exploratory State Representative District: 86	7. County of residence Marion
8. Reporting period: 10/14/2006 Through: 11/05	2006
1101/12	West CORP for composition: I AB for labor

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	RECEIVED BY
Classification: Other	Contribution: In-Kind	19,237.60	11/02/2006
Todd Rokita Election Committee PO Box 44125 Indianapolis IN 46244	In-Kind		Carolyn Andretti
Contributor's Occupation (if applicable)			· .
Colin Data & Company (in opposite to)		107 - t	- 000 000
		PH 6: 47	,

ELIEF IT IS
11/4/06

WARNING: Any Information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to 1ie a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-16.)

FOR OFFICE USE ONLY

Filed: Online 11/4/2006 3:25:12PM

Contributor's Occupation (if applicable)



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER
5300
TOTAL PAGES IN ENTIRE CFA-11 REPORT
3

COM	IMITTEE INFORMATION			
Full name of candidate (Include any nickname) Cr Kathryn Anne Densborn	neck is this is a new name	2. Committee (317) 257	telephone number -2352	
3. Mailing address (address where all campaign finance correspondent 7649 Washington Blvd	ce is Check	is this is a new :	address	
4. City, state, ZIP code indianapolis IN 46240		5. Party affilia Republica	tion or if independent n Republi	can
6. Office sought (include district number, if any. Not required for explo State Representative District: 86	eratory	7. County of a Marion	esidence	
8. Reporting period: From: 10/14/2006 Through:	11/05/2006			
For classification, enter INDV for individual; PAC for political action organization; NONE for all entries which are not one of the above		corporation; 너	B for labor	
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONT	RIBUTION	COLUMN A	DATE RECEIVED
FUEL MAILING ADDRESS (street, number, city, state ZIP code)	OR OTHER R	ÉGEIPT	AMOUNT OF CONTRIBUTION	RECEIVED BY
Classification: Other	Contribution: In-Kin	d	110,000.00	11/01/2006
7. HRCC 47 South Meridian Street, Suite 200 Indianapolis IN 46204	la Kind		, ,	Carolyn Andretti

In-Kind

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO TRUE, CORRECT AND COMPLETE.	THE BEST OF MY KNOWLEDG	
Signature of Treasurer and lander Molander	Tide	Date /1/3/06
Signature of Candidate (if applicable)		Date

to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY Filed: Online 11/3/2006 6:30:26PM



State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-6-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER
5300
TOTAL PAGES IN ENTIRE CFA-11 REPORT
3

CUIVIN	MITTEE INFORMATION			
Full name of candidate (Include any nickname) Che Kathryn Anne Densborn	cck is this is a new name	2. Committee telepi (317) 257-235		 -
3. Mailing address (address where all campaign finance correspondence	is Check	is this is a new addres		
7649 Washington Blvd				
4. City, state, ZIP code		5. Party affiliation o		
Indianapolis IN 46240		Republican	Republic	en
6. Office sought (include district number, if any. Not required for explore State Representative District: 86	atory	7. County of resider Marion	nce	
8. Reporting period:				-
From: 10/14/2006 Through:	11/05/2006	<u>, , , , , , , , , , , , , , , , , , , </u>		
For classification, enter INDV for individual; PAC for political action organization; NONE for all entries which are not one of the above c	n committee; CORP for co sategories.	corporation; LAB for	labor	
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTE		COLUMN A	DATE RECEIVED
FULL MAILING ADDRESS (street number, city, state ZiP code)	OR OTHER RE		AMOUNT OF CONTRIBUTION	RECEIVED BY
<u></u>				ļ
Classification: Individual	Contribution: Direct	ļ	1,000.00	11/01/2006
1. P.E. MacAllister				
P.O. Box 1941				Carolyn Andretti
Indianapolis IN 46206	Direct)
Contributor's Occupation (if applicable) Entrepreneur/Corporate Executi				
Classification: Individual	Contails of one Disease		4.000.00	44/04/2002
2. John R. Gibbs	Contribution: Direct		1,000.00	11/01/2006
1800 Summeriakes Ct.				
Carmel IN 46032	Direct			Carolyn Andretti
	Direct			
Contributor's Occupation (If applicable) Entrepreneur				:
Classification: Individual	Contribution: Direct		2,500.00	11/01/2005
3. Kathryn Anne Densborn	Contribution, Direct		2,300.00	1 1/0 1/2005
7649 Washington Boulevard				
Indianapolis IN 46240	Direct			Carolyn Andretti
	,			
Contributors Occupation (if applicable) Candidate		-		
CERTIFICATION				<u> </u>
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST		ND BELIEF IT IS	FOR OF	FICE USE ONLY
TRUE, CORRECT AND COMPLETE.			Filed: On	line 🖁 💬
Signature of Treasurer Title Caralynandetti Molander Title	easurer	11/3/06		6:30:26PM
Signature of Candidate (if applicable)		Date	-	
, , , ,			ယ်	
WARNING: Any information contained in this report may not be copied for	or sale or used for any con	nmercial purpose.	lle To	- -
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a (to file a complete or accurate report as required by the Indiana Campaign			···ea	500
(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-1	7, 3 <u>-9-</u> 4-18.)	CIROS PI MISPELLISACIÓ	<u> </u>	
		· - · · · · · · · · · · · · · · · · · ·	<u>o</u> .	三 r



State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this (CFA-11)

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TOTAL P	AGES	IN EN	TIRE	CF4	1-11	RE	POR	τ
		;	3					

form. For assistance in completing this form, see instruction	s on the reverse side.				
	•				
co	MMITTEE INFORMATION		=		
Full name of candidate (include any nickname) Check is this is a new name Kathryn Anne Densborn		2. Committee telephone number (317) 257-2352			
Mailing address (address where all campaign finance corresponder 7649 Washington Blvd	ce is Check	is this is a new	address .	-	
4. City, state, Z:P code Indianapolis IN 46240		5. Party affilia Republica	ation or if independent in Republi	can	
6. Office sought (include district number, if any, Not required for exploratory State Representative District: 86		7. County of residence Marion			
8. Reporting period: From: 10/14/2006 Through:	11/05/2006				
For classification, enter INDV for individual; PAC for political act organization; NONE for all entries which are not one of the above		orporation; L4	AB for labor		
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTE		COLUMN A	DATE RECEIVED	
FULL MAILING ADDRESS (sheet, number, city, state ZIP code)	OR OTHER RE	ECEIPT	AMOUNT OF CONTRIBUTION	RECEIVED BY	
Classification: Other	Contribution; Direct		10,000.00	11/01/2006	
4. All Children Matter Indiana					

	FULL MAILING ADDRESS (sheet number, city state ZIP code)	OR OTHER RECEIPT	AMOUNT OF CONTRIBUTION	RECEIVED BY
Clas	sification: Other	Contribution; Direct	10,000.00	11/01/2006
4.	All Children Matter Indiana 1 S. 6th St. Terre Haute IN 47807	Direct		Carolyn Andretti
Cont	ributor's Occupation (if applicable)			
Class	sification: Other	Contribution: In-Kind	6,106.05	11/01/2006
5.	Indiana Republican State Central Committee 47 South Meridian St., Suite 200 Indianapolis IN 46204	In-Kind		Carolyn Andretti
Cont	ributor's Occupation (if applicable)			
Class	sification: Other	Contribution: In-Kind	13,291.01	11/01/2006
6.	HRCC 47 South Mendian Street, Suite 200 Indianapolis IN 46204	In-Kind		Carolyn Andretti
Cont	nbutor's Occupation (if applicable)	_		
	CERTIFICAT	ion	500,05	FICE USE ONLY
	RTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE I	BEST OF MY KNOWLEDGE AND BELIEF IT	Filed: On	c~-
		0.45		III 16 - ,

Signature of Candidate (if applicable) 11/3/06 WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penaltics (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

11/3/2006 6:30:26PM



State Form 48492 (R3/11-05) Indiana Election commission (IC 3-8-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER				
5300				
TOTAL PAGES IN ENTIRE CFA-LI REPORT				
1				

COMMITTEE INFORMATION	
Full name of candidate (include any nickname) Check is this is a new name Kathryn Anne Densborn	2. Committee telephone number (317) 257-2352
3. Mailing address (address where all campaign finance correspondence is [] Check 7649 Washington Blvd	is this is a new address
4. City, state, ZIP code Indianapolis_IN_46240	5. Party affiliation or if independent Republican Republican
8. Office sought (include district number, if any. Not required for exploratory State Representative District: 86	7. County of residence Marion
8. Reporting period: From: 10/14/2006 Through: 11/05/2006	

For classification, enter INDY for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification: Other	Contribution; In-Kind	2,500.00	10/31/2005
Indiana Republican State Central Committee 47 South Meridian St., Suite 200 Indianapolis IN 46204	In-Kind		Carolyn Andretti
Contributor's Occupation (if applicable)			

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO TRUE, CORRECT AND COMPLETE.	THE BEST OF MY KNOWLED	GE AND BELIEF IT IS
Signature of Treasurer Walnuter	Tille	Date 11/2/06
Signature of Candidate (if applicable)		Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

Filed: Online 11/2/2006 7:08:01PM

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WARIOU COUNTY CLERK



State Form 48462 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER	`.
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TOTAL PAGES IN ENTIRE CFA-11	REPORT
1	

1. Full name of candidate (include any nickname) Ct Kathryn Anne Densborn	neck is this is a new name	2, Committee (317) 257	telephone number -2352	
Mailing address (address where all campaign finance correspondence 7649 Washington Blvd	Check	is this is a new	address	
4. City, state, ZIP code Indianapolis IN 46240		5. Party affilia Republica	itton or if independent n Republic	can
6. Office sought (include district number, if any. Not required for explo State Representative District: 86	ratory	7. County of a Marion	residence	
8. Reporting period: From: 10/14/2006 Through:	11/05/2006			
For classification, enter INDV for individual; PAC for political action organization; NONE for all entries which are not one of the above		orporation; LA	B for labor	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street number city, state ZIP code)	TYPE OF CONTI OR OTHER RI		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification: PAC	Contribution: Direct		5,000.00	10/30/2006
Insurance Political Action Committee 201 N. Illinois St., Suite 1410 Indianapolis IN 46204	Direct			Carolyn Andretti
Contributor's Occupation (If applicable)	:	İ		

COMMITTEE INFORMATION

CERTIFICATION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE ATTRUE, CORRECT AND COMPLETE.	FOR OFFICE USE ONLY Filed: Online	
Explandrette Molarder Treasurer	Date ////06	11/1/2006 10:07:29PM
Signature of Candidate (if spplicable)	Date	
		06 KOV -2 시기 8:단
WARNING: Any information contained in this report may not be copied for sale or used for any co (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14- to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-18, 3-9-4-17, 3-9-4-18.)	mmercial purpose. 1-13) A person who fails Class B Misdemeanor	WYENON CONTILL OF BE



State Form 46492 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

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	COMMITTEE INFORMATION			*
Full name of candidate (include any nickname)	Check is this is a new name	2. Committee	elephane number	`
Kathryn Anna Densborn		(317) 257-		
 Mailing address (address where all campaign finance corresponded) Washington Blvd 	ceuca ia Cuecki	s this is a new a	dress	
4. City, state, ZIP code			ion or if Independent	
Indianapolls IN 46240 6. Office sought (include district number, if any. Not required for each	valamina.	Republican 7. County of re		can
State Representative District: 86	хрюгаюту	Marion	siderica	•
8. Reporting period: From: 10/14/2006 . Throu	gh: 11/05/2006			
For classification, enter INDV for Individual; PAC for political organization; NONE for all entries which are not one of the ab		orporation; LAE	3 for labor	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state 2IP code)	TYPE OF CONTE OR OTHER RE		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification: Individual	Contribution: Direct		1,500.00	10/28/2006
1. Tadd Miller 450 East Ohio St., Apt. 304 Indianapolis IN 45204	Direct		.,	Carolyn Andretti
Contributor's Occupation (if applicable) Corporate Executive				
Classification: Corporation	Contribution: Direct		2,000.00	10/28/2006
TM Miller Enterprises Inc. 4495 Seguero Trait Indianapolis IN 46268	Direct		.,	Carolyn Andretti
Contributor's Occupation (if applicable)				
Classification: PAC	Contribution: Direct		1,500.00	10/28/2006
3. Friends of Fishers PAC P.O. Box 978 Fishers IN 46038				Carolyn Andretti
Tisidia ile 40000	Direct			
Contributor's Occupation (if applicable)			_	
CERTIFICA			EOP OF	EICE HEE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE TRUE, CORRECT AND COMPLETE.	BEST OF MY KNOWLEDGE A	ND BELIEF IT IS	' I	FICE USE ONLY
Signature of Treasurer Chalanter Title Chalanter	Pressurer)ata 19/30/0		nline <u>≤</u>
Signature of Candidate (If applicable)		Date	13(

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose, (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

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	FILE NUMER	:R	
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TOTAL PA	AGES IN ENTIRE	CFA-11	REPORT
	2		

Kathryn Anne Densbom	Check is this is a new han	(317) 257-2	352	
 Mailing address (address where all campaign finance of 7649 Washington Blvd 	Orrespondence is Ch	eck is this is a new ad	dress	
4. City, state, ZIP code Indianapolis IN 46240		5. Party affiliation Republican	on or if independent Repub	lican
6. Office sought (include district number, if any, Not require State Representative District: 86	ed for exploratory	7. County of res Marion	idence	
8. Reporting period: From: 10/14/2006	Through: 11/05/2006			
For classification, enter INDV for Individual; PAC for porganization; NONE for all entries which are not one of		or corporation; LAB	forlabor	
CONTRIBUTOR'S FULL NAME AND OCCUPA FULL MAILING ADDRESS (street, number, city state ZIP code)		NTRIBUTION R RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY

COMMITTEE INFORMATION

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIP!	COLUMN A AMOUNT OF CONTRIBUTION	PATE RECEIVED RECEIVED BY
Classification: Other	Contribution: In-Kind	3,333.33	10/28/2006
Indiana Republican State Central Committee South Meridian St., Suite 200 Indianapolis IN 46204	in-Kind		Carolyn Andretti
Contributor's Occupation (if applicable)			

CERTIFI	CATION	
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO T TRUE, CORRECT AND COMPLETE.	THE BEST OF MY KNOWLEDGE	AND BELIEF IT IS
Signature of Treasurer Architectic Molander	Theasurer	Date 10/30/06
Signature of dandidate (if applicable)	-	Date
WARNING: Any information contained in this report may not be (IC 3-9-4-5) A person who knowingly files a fraudulent report to file a complete or securete report as required by the Indiana (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16).	mmits a Class D Felony. (IC 3-14 Campaign Finance Law commits	-1-13) A person who falls

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Filed: Online 10/30/2006 10:48:07PM

Contributor's Occupation (if applicable)



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R3/11-05) Indians Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

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1	

COMMI	TTEE INFORMATION		<u> </u>	
Full name of candidate (include any nickname) Check Kathryn Anne Densborn	k is this is a new name	2. Committee (317) 257	e telephone number 7-2352	
3. Mailing address (address where all campaign finance correspondence 7649 Washington Blvd	is Check	is this is a new	address	
4. City, state, ZIP code Indianapolis IN 46240		5. Party affili Republica	ation or if independent an Republi	can
6. Office sought (include district number, if any. Not required for exploration State Representative District: 86	tory	7. County of Marion	nesidence	<u> </u>
8. Reporting period: From: 10/14/2006 Through: 1	1/05/2006			<u>,</u>
For classification, enter INDV for Individual; PAC for political action organization; NONE for all entries which are not one of the above ca	committee; CORP for cutegories.	erporation; L	AB for labor	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONT OR OTHER R		COLUMN A AMOUNT OF CONTRIBUTION	RECEIVED BY
Classification: Other	Contribution: Direct		1,000.00	10/26/2006
Mike Murphy Committee 5686 N. Washington Blvd. Indianapolis IN 46220	Direct		,	Carolyn Andretti

	CERTIFICATION	·	
I CERTIFY THAT I HAVE EXAMINED THIS STA	TEMENT, TO THE BEST OF MY K	NOWLEDGE AND BELIEF IT IS	FOR OFFICE USI
TRUE CORRECT AND COMPLETE.			Filed: Online
Signature of Treasurer Catalyn andrett Ma	lander Trease	ver 10/28/0	10/28/2006 7:58:2
Signature of Candidate (if applicable)	· · · · · · · · · · · · · · · · · · ·	Date	,
			06 OCT 29 T ITTO: S
WARNING: Any information contained in this re	port may not be copied for sale or u idulent report commits a Class D Fe	sed for any commercial purpose.	

to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

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State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER
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TOTAL PAGES IN ENTIRE CHA-11 REPORT
2

	COMMITTEE INFORMATION	N
Full name of candidate (include any nickname) Kathryn Anne Densborn	Check is this is a new name	2. Committee telephone number (317) 257-2352
Mailing address (address where all campaign finance corresponded Washington Blvd	pondence is Check i	is this is a new address
4. City, state, ZIP code Indianapolis IN 46240		5. Party affiliation or if independent Republican Republican
6. Office sought (include district number, if any, Not required for State Representative District: 86	or exploratory	7. County of residence Marion
8. Reporting period: From: 10/14/2006 Th	rough: 11/05/2006	

For classification, enter INDY for Individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification: Other	Contribution: Direct	1,000,00	10/24/2006
Young for State Senate Committee 3520 Beeler Ave. Indianapolis IN 46224	Direct	,,	Carolyn Andretti
Contributor's Occupation (if applicable)			
Classification: Other	Contribution: In-Kind	30,692.71	10/24/2006
2. HRCC 47 South Meridian Street, Suite 200 Indianapolis IN 46204	In-Kind		Carolyn Andretti
Contributor's Occupation (if applicable)			

CERTIFICATION	
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.	AND BELIEF IT IS
Signature of Treasurer andrette Melander Prensurer	Date 10/26/06
Signature of Zandidate (if applicable)	Date
WARNING: Any Information contained in this report may not be copied for sale or used for any co	ommercial purpose.

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-18, 3-9-4-18.)

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State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-6-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER
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TOTAL PAGES IN ENTIRE CFA-11 REPORT
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	OMMITTEE INFORMATION		
Full name of candidate (include any nickname) Kathryn Anne Densborn	Check is this is a new name	2, Committee telephone no (317) 257-2352	umber
 Mailing address (address where all campaign finance correspond 7649 Washington Blvd 	dence is Check	is this is a new address	
4. City, state, ZIP code Indianapolis IN 46240		5. Party affiliation or if inde Republican	pendent Republican
6. Office sought (include district number, if any. Not required for ex State Representative District: 86	ploratory	7. County of residence Marion	
8. Reporting period: From: 10/14/2006 Through	gh: 11/05/2006		
For classification, enter INDV for individual; PAC for political organization; NONE for all entries which are not one of the ab-		orporation; LAB for labor	
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTE	RIBUTION COLL	IMN A DATE RECEIVED

FULL MAILING ADDRESS OR OTHER RECEIPT AMOUNT OF RECEIVED BY CONTRIBUTION (street, number, city state ZIP code) Classification: Individual Contribution: Direct 10,000.00 10/23/2006 J. Patrick Rooney 5835 W. 74th St. Carolyn Andretti Indianapolis IN 46278 Direct Contributor's Occupation (if applicable) Corporate Executive Classification: Other Contribution: In-Kind 4.000.00 10/23/2006 HRCC 47 South Meridian Street, Suite 200 Carolyn Andretti Indianapolis IN 46204 In-Kind Contributor's Occupation (if applicable)

CERTIFICATION		Ī
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDG TRUE, CORRECT AND COMPLETE.	E AND BELIEF IT IS	FOR OFFICE USE ONLY
Signature of Treasurer Belander Title Delasurer	Date 10/25/06	Filed: Online 10/25/2006 9:57:57PM
Signature of Candidata (if applicable)	Date	7
	<u> </u>	12 TOO 90
WARNING: Any information contained in this report may not be copied for sale or used for any (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-1 to file a complete or accurate report as required by the Indiana Campaign Finance Law commits (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)	commercial purpose. 14-1-13) A person who fails a Class B Misdemeanor and the commercial to the comme	DO HOIBAM
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State Form 48492 (R3/11-05) Inclana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER
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TOTAL PAGES IN ENTIRE CFA-11 REPORT
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	COMMITTEE INFORMATION		
Full name of candidate (include any nickname) Kathryn Anne Densborn	Check is this is a new name	2. Committee telephone number (317) 257-2352	
Mailing address (address where all campaign finance corn 7649 Washington Blvd	espondence is Check	is this is a new address	
4. City, state, ZIP code Indianapolis IN 46240		5. Party affiliation or if Independent Republican	
6. Office sought (include district number, if any. Not required State Representative District: £6	for exploratory	7. County of residence Marion	
8. Reporting period: From: 10/14/2006	Through: 11/05/2006		

For classification, enter INDV for Individual; FAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
Classification: Corporation 1. Cook Pharmica LLC P.O. Box 489 Bloomington IN 47402	Contribution: Direct Direct	1,000.00	10/20/2006 Carolyn Andretti
Contributor's Occupation (if applicable) Classification: PAC 2. Indiana Realtors PAC 7301 N. Shadeland Ave. Indianapolis IN 46250 Contributor's Occupation (if applicable)	Contribution: Direct Direct	10,000.00	10/20/2006 Carolyn Andretti

CERTIF	ICATION	
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO IRUE, CORRECT AND COMPLETE.	THE BEST OF MY KNOWLED	GE AND BELIEF IT IS
Signature of Treasurer Cakolinardeth Molander	Theasurez	Date 10/22/04
Signature of Candidate (if applicable)		Date

to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

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Team Play LLC

State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-5-20)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

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FILE NUMBER	
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	COMMITTEE INFORMATION			
Full name of candidate (include any nickname) Kathryn Anne Densborn	Check is this is a new name	2. Committee (317) 257	telephone number -2352	
Mailing address (address where all campaign finance con 7649 Washington Blvd	respondence is Check	is this is a new	eddress	
4. City, state, ZIP code Indianapolis IN 46240		5. Party affilia Republica	stion or if Independent In	
6. Office sought (include district number, if any. Not required State Representative District: 86	d for exploratory	7. County of Marion	residence	
8. Reporting period: From: 10/14/2008	Through: 11/05/2006	*****		
For classification, enter INDV for individual; PAC for poorganization; NONE for all entries which are not one of CONTRIBUTOR'S FULL NAME AND OCCUPA FULL MAILING ADDRESS	the above categories.	RIBUTION	AB for labor COLUMN A AMOUNT OF	DATE RECEIVE
(street, number, city, state ZIF code)			CONTRIBUTION	RECEIVED, DY
Classification: Individual 1. Ronald B. Schwier 1130 Laurelwood	Contribution: Direct		2,500.00	10/17/2006
Carmel IN 46032	Direct			Carolyn Andrett
Contributor's Occupation (if applicable) Business Owner		i i		

	CERTIFICATION		
I CERTIFY THAT I HAVE EXAM	INED THIS STATEMENT, TO THE BEST OF MY KNOWL ETE.	EDGE AND BELIEF IT IS	FOR OFFICE USE ONLY
Signature of Treasurer Carolyn Code	tt. Molarder Fleasurer	Date 10/19/06	Filed: Online 10/19/2006 7:37:48PM
Signature of Candidate (if applic	able)	Dete	7
(IC 3-9-4-5) A person who know to file a complete or accurate re	mained in this report may not be copied for sale or used for ringly files a fraudulent report commits a Class D Felony. (I port as required by the Indiana Campaign Finance Law cor act to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)	C 3-14-1-13) A person who fails	MARION COUNTY CLEUR
			Sall And Marine



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(CFA-11)

State Form 48492 (R3/11-05) Indiana Election commission (IC 3-9-5-20) 06 OCT 16 PH 7: 47

FILE NUMBER 5300 TOTAL PAGES IN ENTIRE CFA-11 REPORT 3 •

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK ell information on this form. For assistance in completing this form, see instructions on the reverse side.

Full name of candidate (include any nickname) Kathryn Anne Densborn	Check is this is a new name	2. Committee (317) 257	telephone number	
3. Mailing address (address where all campaign finance of	correspondence is Chec	k is this is a new		
7649 Washington Blvd 4. City, state, ZIP code Indianapolis IN 46240		5. Party affilia Republica	ition or if independent N	
Office sought (include district number, if eny. Not required State Representative District: 86	ired for exploratory	7. County of a Marion	residence	
8. Reporting period: Fram: 10/14/2006	Through: 11/05/2006		•	·
For classification, enter INDV for Individual; PAC for organization; NONE for all entries which are not one	political action committee; CORP to of the above categories.	r corporation; 🍱	B for labor	
CONTR:BUTOR'S FULL NAME AND OCCUP FULL MAILING ADDRESS (street, number, city, state ZIP code	OR OTHER		COLUMN A AMOUNT OF CONTRIBUTION	DATÉ RÉCEIVED RECEIVED BY
Classification: Individual	Contribution: Dire	ct	2,500.00	10/14/2006
M. Douglas Williams 4618 Summersong Road Zionsville IN 46077	Direct			Carolyn Andretti
Contributor's Occupation (if applicable) Business Owner				
Classification: Individual .	Contribution: Dire	ct	2,500.00	10/14/2006
2. G. Donald Steel 10627 Indian Lake Bivd. S. Dr. Indianapolis IN 46236	Direct			Carolyn Andretti
Contributor's Occupation (if applicable) Business Owner				
Classification: Individual	Contribution: Dire	cl	2,500.00	10/14/2006
Christopher P. LaMothe 7950 Spring Mill Road Indianapolis IN 46260	Direct			Carolyn Andretti
Contributor's Occupation (if applicable) Business Owner	`			
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TRUE, CORRECT AND COMPLETE. Signature of Treasurer Onclutte Moland Signature of Candidate (if applicable)	ler Rensurer	Date	Filed: On 10/16/2008	FICE USE ONLY line 5 7:19:37PM
WARNING: Any information contained in this report may (IC 3-9-4-5) A person who knowingly files a fraudulent re to file a complete or accurate report as required by the in	eport commits a Class D Felony. (IC 3-1 ndiana Campaign Finance Law commits	4-1-13) A person '	who falls	

COMMITTEE INFORMATION



Indiana Election commission (IC 3-8-5-20)

David Character College
MARION COUNTY CLERK

(CFA-11)

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FILE NUMBER 5300 TOTAL PAGES IN ENTIRE CFA-11 REPORT

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

		•	Ų
	COMMITTEE INFORMATION		
Futi name of candidate (include any nickname) Kathryn Anne Densborn	Check is this is a new name	2. Committee telephone number (317) 257-2352	
3. Mailing address (address where all campaign finance corresponded Washington Blvd	andence is Check	is this is a new address	
4. City, state, ZIP code indianapolis IN 46240		5. Party affiliation or if independent Republican	
6. Office sought (include district number, if any. Not required for State Representative District: 86	exploratory	7. County of residence Marion	
8. Reporting period: From: 10/14/2006 Three	ոսցի։ 11/05/2006		
For classification, enter INDV for Individual; PAC for political organization; NONE for all entries which are not one of the s	al action committee; CORP for above categories.	corporation; LAB for labor	
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONT	RIBUTION COLUMN A	DATE RECEIVED

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZiP code)	TYPE OF CONTRIBUTION OF OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification: Individual	Contribution: In-Kind	2,046.02	10/14/2006
4. Carolyn Andretti Molander 8450 North Park Avenue Indianapolis IN 46240	In-Kind	, ,	Carolyn Andretti
Contributor's Occupation (if applicable) Retired Attorney			
Classification: Individual	Contribution: In-Kind	2,296.02	10/14/2006
5. Julie A. Davis 5350 Knollton Road Indianapolis IN 46228	In-Kind		Carolyn Andretti
Contributor's Occupation (If applicable) Home Maker			1

C	ERTIFICATION	
CERTIFY THAT I HAVE EXAMINED THIS STATEMEN TRUE, CORRECT AND COMPLETE.	T, TO THE BEST OF MY KNOWLEDG	E AND BELIEF IT IS
Signature of Treasurer and Nolanles	Thesurer	Date 10/16/06
Signature of Cardidate (if applicable)		Date

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

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Filed: Online

10/16/2006 7:19:37PM